Medication Reconciliation

Staff Education

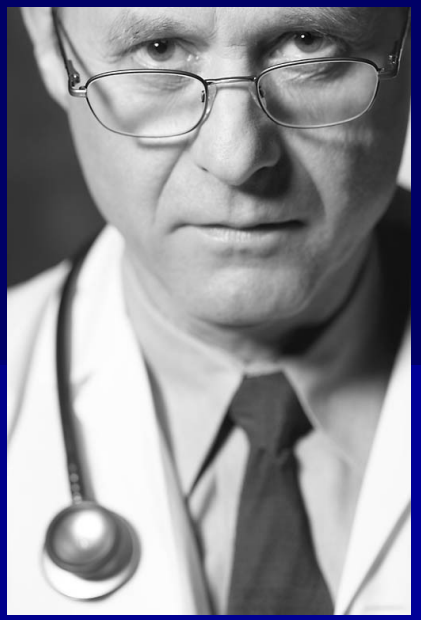
RECONCILIATION OF MEDICATIONS
JCAHO National Patient Safety Goal
8
STAFF EDUCATION PRESENTATION

Historically Many But Currently:
BUMED Pt Safety Staff
NNMC Pharmacy & Pt Safety Staff
NH Great Lakes Pt Safety Staff
Many other Navy MTFs
DoD Patient Safety Staff

JCAHO NPSG # 8: Accurately and completely reconcile medications across the continuum of care

- Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's entry to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

Why Reconcile?



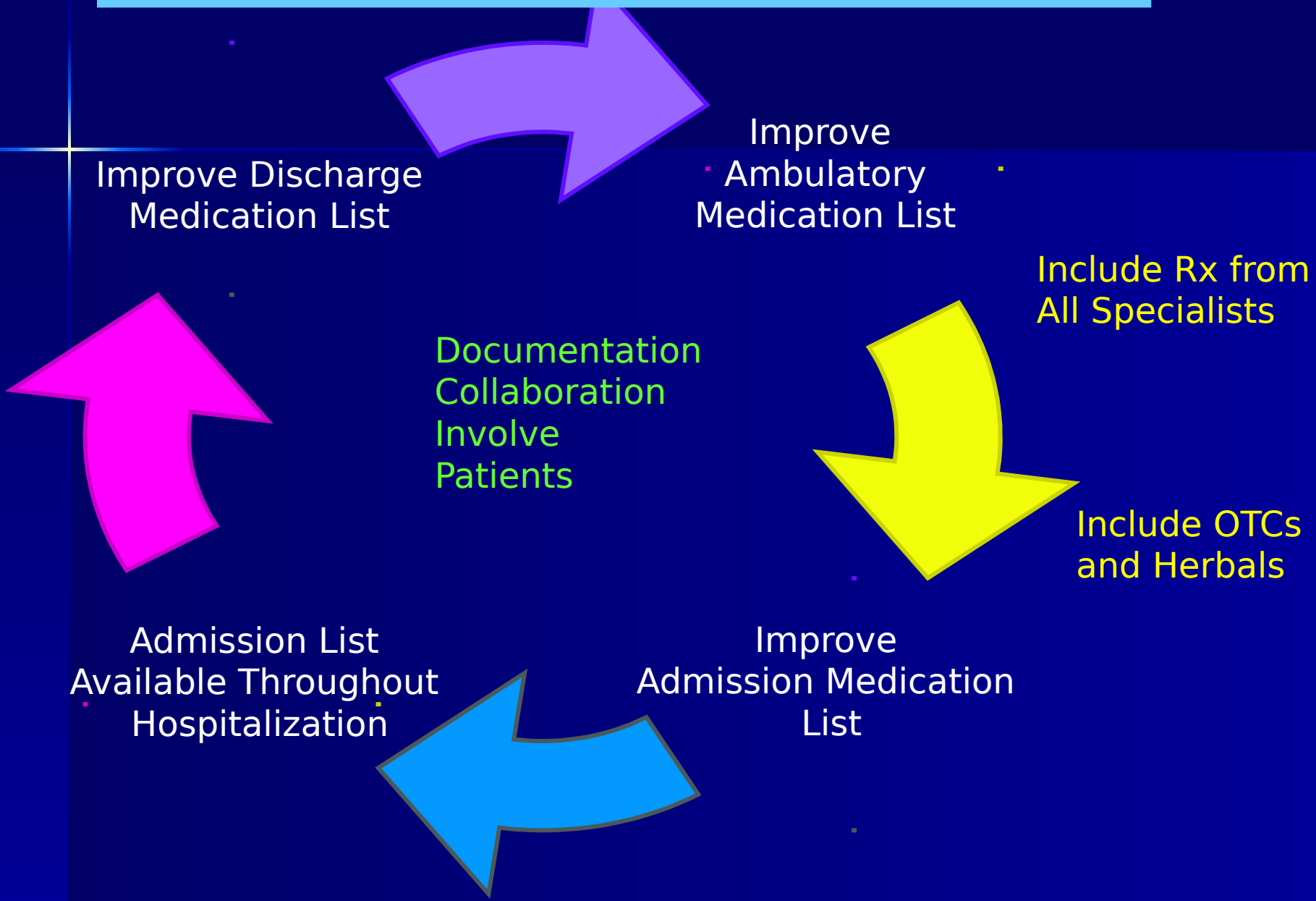
- Ineffective medication reconciliation upon hospital admission
  - Up to 50% of medication errors
  - Up to 20% of future ADEs
- Discrepancies between admission history & MD orders:
  - 1.4 - 1.7/patient (Fairview)
  - 2/patient (Luther-Middlefort)
  - 1.2/patient and 54.4% of patients with at least 1 discrepancy (Northwestern Memorial)
- 140 discrepancies in 81 patients (1.7/pt)
  - 65 omissions
  - 59 wrong dose/frequency
  - 16 wrong drug
- 32.9% discrepancies rate as potentially moderate harm;
- 5.7% severe harm (Arch Inter Med, Feb 2005)

Medication Reconciliation Process

- The medication history is completed with the involvement of the patient
- Collect and verify a current accurate medication profile including name, dosage, frequency, and route. Include if possible time of last dose
- Include home meds/OTC/Herbals/Nutriceuticals
- Use profile as basis when writing medication orders
- The provider reviews and acts upon each medication
- Reconcile by comparing the patient's profile of current meds against the medication orders/prescriptions written at the time of outpatient appointment, ER visit, admission, transfer, and/or discharge
- Through this verification procedure, any and all inconsistencies revealed by this comparison
- Any resulting changes in orders including why a medication was not ordered or changed are documented
- The medication orders are written

See Reconciliation Process Flows

Understanding Medication Reconciliation



JCAHO NPSG # 8 Implementation Date

- Implementation Date
  - 01 January 2006
  - Staff must be following the med reconcile processes in 100% of care for all patients

Med Reconciliation Scenarios

- See CD-Rom for Scenarios & Process Flows
  - Ambulatory Visit
  - Ambulatory Patient Who is Admitted
  - Ambulatory Patient Consulted to Outside Provider
  - Inpatient MTF
  - Inpatient MTF with Added or Discontinued Medications
  - Inpatient MTF Discharged to Home
  - Inpatient MTF Transferred to Another Hospital
  - Direct Admission

Med Reconciliation: 2 Step Process (Medication List & Actual Reconciliation)

- STEP 1
  - Obtaining Accurate List (drug profile)
    - Who: Multidisciplinary responsibility
      - i.e. Medical Clerk, HM, RN, Provider, Pharmacist
    - When: As soon as possible
      - i.e. Prior to outpatient appointment
      - Upon admission, or soon thereafter
    - How:
      - Use Electronic List
        - CHCSI and/or CHCS II
      - Review bag of meds patient may have brought in
      - Call outside pharmacies or MDs who service patient
      - Actively review medication list with patient or family member for any other medications

Med Reconciliation Step 1 (CHCSI)

- Electronic Medication List Options
  - CHCS I
    - Can be used for both Inpatients and Outpatients
    - Can provide a complete list of active and/or inactive medications patient is on
    - List can include Network Pharmacy medications and other MTFs
    - See next slide for table of CHSC I Menu Key Options

Med Reconciliation Step 1 (CHCSII)

- Electronic Medication List Options:
  - CHCSII for Ambulatory/Outpatient Medication lists
  - See CD-Rom for CHCSII Screen Shots Overview
  - POC: LCDR William McCullough, MC, USN - CHSCII Champion
    - Contact him at 202-762-3000 for Web Cast Training Dates

Med Reconciliation Step 1 (CHCS SF 508)

- Electronic Medication List Options:
  - CHCS 1 –SF 508 Medication Reconciliation Menu
  - Utilized for Outpatient & Inpatient Scenarios
  - See CD-Rom for CHCSI –SF 508 Screen Shots Overview
    - Developed by NNMC Bethesda
    - POC: Suzie Farley, Patient Safety/Risk Mgr
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Med Reconciliation STEP 2

- STEP 2 (Actual Reconciliation)
  - More important than Step 1
  - Reconciliation = process of comparing what medication patient is taking at time of entry into organization with what organization is providing to avoid errors such as conflicts or unintentional omissions

Med Reconciliation STEP 2 (cont)

- Step 2
  - The actual reconciliation
    - **Who:** Provider or Pharmacist
    - **When**: as soon as a reasonably complete list is obtained
    - **How:**
      - Medication List/Profile (electronically or hard copy) compared to Medication orders, prescriptions, MAR, etc.
      - Actively review medication list with patient or family member for any other medications
      - Process Flow Scenarios (these are included on Reconciliation CD-Rom)

Med Reconciliation Next Step: Patient Education

- Patient Education
  - Utilize TMA's Ask Me Program & Patient Medication Card
- Patient Med Card
- Patient Medication Brochures
- Ask Me Medication Brochures

Med Reconciliation Next Step: Monitor the Process (Metrics)

- Point of Care Medical Record Review
  - Set up monitors to review Outpatient and Inpatient Medical record for documentation of Reconciliation
    - Is Medication List in Ambulatory Care Med Record?
      - Is there documentation of process being done?
    - Is there a note of Reconciliation on ETR?
  - Review CHCSI or CHCSII Med List against MAR and Doctor's Orders for Duplicate Medications and Omissions
  - Options to monitor are endless
  - See CD-Rom for other Metric Examples

CLOSING

- Refer to Medication Reconciliation CD-Rom for further guidance/examples on:
  - Policy Template
  - Staff Education Handouts
  - Patient Education
  - Process Flows
  - Metric Examples
  - CHCSI Medication List Menu Options
  - CHCSII Power Point Web Cast Preview
  - References

Documents

- INTRODUCTION FOR HEALTH CARE PROVIDERS AT NNMC
- 508M Implementation
- CHCSII Screen Shots
- Script for Medication Reconciliation
- The Medication History
- Medication Management Scenario
- Army Draft Example policy

POC's FOR MEDICATION RECONCILIATION

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